

by catheterization twice daily by her attending physician. Constipation is very pronounced, the bowels moving only with the greatest difficulty; even walking more than a block is out of the question.

The bag of water ruptured at seven o'clock in the evening of Feb. 18th, 1912; my examination was made on the evening of the 19th. The abdomen was ovoid and the distended bladder could be plainly made out. This was emptied by the use of a soft rubber catheter which had to be introduced nearly its entire length before the bladder contents, 600 cc., could be drawn off. After the bladder and rectum were emptied vaginal examination revealed a marked bulging of the posterior fornix, which was so pronounced that the mass could be plainly seen by separating the vulva. The cervix could not at first be located, but finally by inserting the fingers with palmar surfaces behind the symphysis I made out the cervix four or five centimeters above. Reposition was out of the question and the case was seen in consultation with Drs. A. J. Lartigau and R. K. Smith. Laparotomy was decided upon and the patient prepared for a Cesarean section. A median incision was made below the umbilicus, the hand inserted and the uterus freed from the pelvic cavity with great difficulty; this was followed by an inrush of air. The overhanging promontory was found to be the obstacle. The uterus was everted and the abdominal cavity walled off by hot pads. Opening the uterus a six and a half months' fetus was removed, which breathed, but died the same day; the placenta was on the posterior wall. The secundines were removed and the uterus sutured after Sanger's technic. Convalescence was complicated by a colitis and a cystitis which persisted for four weeks with considerable mucus and mucous casts in the stools. The patient left the hospital on the twenty-eighth day after operation.

To recapitulate: Spontaneous reposition is the rule; if this does not occur the patient will either abort or symptoms of incarceration will develop before the end of the fourth month. In extremely rare cases the pregnancy may go to term; this can happen only if the uterus becomes sacculated.

Pregnant women who give a history of antecedent uterine trouble or who complain in the early months of urinary disturbances should be given a thorough vaginal examination. If retrodisplacement of the gravid uterus is diagnosed the procedure that I advocate is bimanual reposition of the uterus aided by traction upon the cervix and pressure on the corpus. If replacement cannot be accomplished thus it should again be attempted under ether anesthesia. After replacement a properly fitting Smith-Hodge pessary is introduced which is removed after the fourth month. If replacement is impossible one of the corrective operations for the condition should be performed, which is best done about the eleventh or twelfth week.

If symptoms of incarceration manifest themselves the rectum and the bladder should be emptied and an attempt made under ether anesthesia to replace the uterus; if this is unsuccessful a laparotomy should be performed with the object of righting the uterus to permit the pregnancy to go to term. If symptoms of infection are present however, or the case is one of inevitable abortion, the uterus should be emptied in the usual manner, and if this is found impracticable resort must be had to posterior vaginal hysterotomy.

CASE OF PELLAGRA.*

Reported by Dr. WM. WATT KERR.

Nellie H., age 44, domestic servant. Came to hospital Oct. 13, 1914, complaining of an eruption on hands and face. Until Oct. 3rd she had been perfectly well, but that morning she noticed swelling and redness of both hands and feet; there was also a feeling of numbness in the extremities. With the exception of a feeling of burning in the affected parts she felt perfectly well.

She said that on Oct. 4th blisters appeared on the hands, and that the redness increased in intensity, while on Oct. 5th the swelling had left the feet, but the eyes had begun to swell.

She had not been taking any medicine nor eating maize or corn, but had been eating rice twice a day for about a week previous to the outbreak, but attributed the skin condition to the fact that she had been using water for washing that contained a considerable quantity of lye.

When she came to the hospital ten days after the commencement of the sickness she said that for a long time she had been constipated for two or three days, and then would have an attack of diarrhea for about a week; that this took place without any relation to time of eating or quality of food, and was not accompanied by any colic pains. There was some dyspnea and palpitation on exertion, but she has not had any precordial pain, edema of the extremities, cough, night sweats or loss of weight. The temperature on admission was 99° F. in the morning, with an evening exacerbation to 101° F., and this type has been maintained ever since.

The family and hereditary history was negative. She came to this country at the age of nineteen, and has lived in Oakland and San Francisco since that time. She had the ordinary diseases of childhood, but nothing in adult life with the exception of a malarial attack eleven years ago that lasted for three months. She has had a fair appetite, used one glass of wine daily with her meals, and only took one cup of tea per day.

Physical Examination.—The patient seems to be confused mentally; asked such questions as "what church she was in," "the number of her room," etc. She had difficulty in putting on her dress, would put on the waist upside down, insisted on getting out of bed. This condition has increased, so that she has become much more irrational and restless, tears the bandages from her hands, under the impression that she is being restrained. At times she realizes her condition, cries, says she is "buggy."

Skin.—Face, except forehead, ears and neck, is of dark red color; is dry, tense and shiny, and beneath the eyes is exfoliating. Borders are fairly sharp, and are not indurated. On hands, the lesions are limited to the backs of the hands, border is sharply defined, and the coloration extends along the backs of the fingers to the first inter-phalangeal joints; it is limited at the wrist. Across the back of the left hand is an exfoliated area, seven cm. long and three cm. wide, showing bright red, tense, shiny skin beneath. Four fingers of the left hand show bullae filled with yellowish serum-like fluid. The back of the right hand and fingers show similar lesions.

The eyes are normal, with the exception of a slight amount of conjunctivitis. Ears are normal, teeth bad, tongue is red along the left edge, with some desquamation. In the neck there are a few palpable glands in the anterior chain, but the thyroid is normal.

Thorax.—At the upper portion of the thorax

* Read before the San Francisco County Medical Society, October 20, 1914.

there is an erythematous area, red, well defined and perfectly symmetrical.

There is nothing of any special significance in the heart, lungs, liver or spleen.

Smell.—She is not able to detect asafetida, but can easily perceive pleasant odors. There is no abnormality in taste. Patient feels weak, and cannot walk steadily; otherwise, with the exception of the changes in mentality already noticed, the nervous system is normal.

Examination of Eyes (by Dr. Franklin) Oct. 16, 1914.—Right eye, inferior temporal quadrant of the disc is grayish white, and the margin is blurred. Lamina is visible. Post neuritic partial atrophy. Left eye, the entire disc is hazy; vessels are surrounded by a thin sheath of connective tissue; margin is blurred; post neuritic partial optic atrophy.

The urine, feces and Wassermann reaction were all negative.

Examination of blood shows the red corpuscles diminished to two and a half millions, with hemoglobin at 65% and color index above 1%. The leukocytes vary from 11,000 to 7,500. On one count the polymorphonuclears were 80½%, and in another they were 64%. In the high polymorphonuclear count the total lymphocytes count amounted to 17½%, and in the 64% count they amounted to 35%. There was no eosinophilia.

The particular interest of this case is its acute character, seeing it is only seventeen days since the first symptoms appeared, and the fact that the mental disturbance has been increasing rapidly during the past six to eight days. The blood condition should also be noticed, as it approximates that of pernicious anemia but leukopenia is absent. The history of long standing disturbance in the intestines is of importance from an etiologic point of view.

The patient died on November 10. The whole known course of the disease only lasting six weeks. The findings at the autopsy were entirely negative.

PACIFIC ASSOCIATION OF RAILWAY SURGEONS; IMPORTANT NOTICE OF MEETING.

The Pacific Association of Railway Surgeons will hold its annual meeting on Friday afternoon, June 25, 1915.

As the American Medical Association will be in convention in San Francisco at the same time (June 21 to June 25, inclusive) and many papers will be read in their Scientific Section, it has been decided to omit the usual Scientific Section at the Railway Surgeons' meeting this year.

Accordingly, the following program has been planned for the day: The members of the Association and their families will leave on the 1:45 p. m. Northwestern Pacific boat for a trip to Mt. Tamalpais, arriving there at about 3 p. m. Dinner will be served at 4 p. m., to be followed by the President's address and the election of officers for the ensuing year. At 6 p. m. the Association will be conveyed by special train and boat to the Panama-Pacific International Exposition. One of the most enjoyable features of this trip will be the view from the bay of the night illuminations.

L. P. HOWE.

CALIFORNIA PEDIATRIC SOCIETY—NORTHERN BRANCH.

The third meeting of the California Pediatric Society—Northern Branch, will be held on Thursday evening, April 22nd, in the County Medical Library at 8:15. The program will be as follows:

I. A Study of the San Francisco Midwife based on the Board of Health Birth Registrations from August, 1913, to August, 1914. Adelaide Brown.

II. The Proper Position of Tonsillectomy in Pediatrics. Sanford Blum.

III. The Relation of Mouth and Throat Infections to Diseases in Other Parts of the Body. T. C. McCleave.

It is hoped that anyone interested in child welfare problems will come to this meeting and join the Society. We will welcome all who are really interested in any phase of child welfare work.

WILLIAM PALMER LUCAS, Secretary.

BOOK REVIEWS

The Clinics of John B. Murphy, at Mercy Hospital, Chicago. Dec., 1914. Vol. III, No. 6. Published Bi-Monthly by W. B. Saunders Company, Philadelphia and London.

Contents: The New Offices of Dr. John B. Murphy and his Staff. Murphy's Clinical Talks on Surgical and General Diagnosis. Auto-sensitized Autogenous Vaccines. Impacted Fracture of External Tuberosity of Tibia. Sarcoma of the Right Tibia. Exostosis of Interarticular Surface of Upper End of Left Tibia. Multiple Metastatic Arthritides. Cartilaginous Exostosis of Left Humerus. Bilateral Tuberculous Epididymitis with Abscess Formation. Gummatous Tumor of the Testicle. Perforating Duodenal Ulcer Fixed to the Anterior Abdominal Wall. Retroperitoneal Sarcoma of the Upper Abdomen. Filling up the Lesser Peritoneal Cavity.

Medical Gynecology. By S. Wyllis Bandler, M. D., Adjunct Professor of Diseases of Women, New York Post-Graduate Medical School and Hospital. Third Thoroughly Revised Edition. Octavo of 790 pages, with 150 original illustrations. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, \$5.00 net; half morocco, \$6.50 net.

In the six years since this book was first published it has passed through three editions, a fact which indicates both its wide popularity among the profession and the desire of the author to keep it up to date.

The way in which the book is kept abreast of the times is best illustrated by the extended chapter on the ductless glands. Formerly this subject would not have been included in a text-book on gynecology, but at present there is good reason for doing so, for it has been clearly shown that an intimate relationship exists between several and perhaps all of these glands on the one hand and the generative organs of women on the other. As yet, few definite statements of therapeutic significance can be made regarding this relationship,